ROLLOVER TO WA529 INVEST



- Complete a Rollover to WA529 Invest using your online GET account at 529.wa.gov/get under the Use Units tab; or
- Use this form to roll funds from your GET account into a WA529 Invest account.
- · Only complete this form if you wish to rollover your entire GET account balance, and therefore close your GET account.
- Before completing this form you must open the WA529 Invest account that you intend to roll your GET funds into.
- Only the GET Account Owner may request a rollover.
- The Account Owner and Student Beneficiary names listed in section 1 of this form MUST MATCH the names listed in section 2. If the account owner or student beneficiary name has changed please make the necessary name change to your account prior to submitting this request.
- It may take 2-3 weeks to process completed forms.
- The WA529 Program and Committee are not liable for any change in market conditions during the time needed to process this request.
- An original completed, signed, and notarized form must be mailed to the GET Prepaid Tuition Plan in order to complete your request unless you submit this request through the online process.
- WA529 accepts notarized forms within 60 days of notary signature date.

E-Signatures, taxes and photocopies of forms will not be accepted.			
1. GET Account Informa	tion – GET account you are rolling fu	nds out of	
Account Number	A	Account Owner Name	
Student Beneficiary Name	Į.	Account Owner Phone Number	
2. WA529 Invest Account Information - WA529 Invest account you want to send funds to			
Account Owner Name	S	tudent Beneficiary Name	
WA529 Invest Account Num	ber		
3. Transaction Authorization – Agree to the terms and conditions below and authorize GET to perform the transaction			
✓ I am the Account Owner of the GET account listed above and understand my other account options, in lieu of a rollover; ✓ I authorize GET to roll over the entire value (contributions and/or payout value) of this GET account; ✓ I understand that this rollover is non-reversible, and that this rollover may or may not be in my best financial interest; ✓ I have read the GET Master Agreement & Program Details; I understand the rules and regulations governing the GET Prepaid Tuition Plan; ✓ The information in this form is true, complete and accurate and I authorize GET to act on instructions on this form; ✓ I understand that in accordance with IRC Section 529, I am allowed one rollover per 12 month period for the same beneficiary. Exceeding this limit can result in tax and penalty consequences. GET is not responsible for any consequences related to the Account Owner's improper use, transfer or characterization of the rollover; and ✓ By signing this form I am giving permission to WA529 Invest to communicate with GET on my behalf regarding this specific transaction. Account Owner's Signature (Must be 18 yrs or older and Notary must witness signature) Date (Must match date signed by Notary)			
4. Notary Section – (All Fields REQUIRED) Account Owner to sign in the presence of a licensed Notary			
I certify that I know or have satisfactory evidence that (NAME) is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.			
	Dated (must match date signed by Account Ov	vner)	
		Printed Name	
(Seal or Stamp)	County of	Title	
	State of	My Appointment Expires	
(Notary signature and name on seal must match exactly. Electronic Notary will not be accepted.)			